

# Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

**COMPANY NAME**

Buschman Construction, Inc.

**ADDRESS**

1050 Sioux

**CITY**

Los Alamos

**STATE**

NM

**ZIP CODE**

87544

**PHONE**

505-662-9419

**FAX**

505-663-0298

**EMAIL:**

Gbuschman@yahoo.com

**PRIMARY CONTACT:**

Georgina Buschman

**TYPE OF CONSTRUCTION WORK (Check all that apply)**

☐ General----List Primary Expertise Excavation

☒ Site Work

☐ Structural

☐ Carpet

☐ Mechanical

☒ Demolition

☐ Steel Fencing

☐ Roofing

☐ Clean Room

☐ Exterior Utilities

☐ Masonry

☐ Building

☐ Fire Protection

☐ Paint

☐ Mechanical (HVAC/Plumbing)

☐ Electrical

☐ Nuclear Facility

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**COMPANY PROFILE:**

How many years has your organization been in a business as a construction contractor?

20 years

How many years has your organization been in the construction business under its present business name?

15 years

Under what former names has your organization operated?

Buschman Construction

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Georgina Buschman, President, 20, College Certifications, Qualifying Party.

Pete Buschman, Vice President, 20, Extensive job experience

List the categories of work that your organization normally performs with its company personal.

Excavation, Trenching, earth moving, site development

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

LANL -	100% on going
Los Alamos County	100%
RMCI – Albuquerque	100%

List your Trade References


List your Surety company or your banking affiliates.

Los Alamos National Bank

What is your organization's current bonding rate?

Single 2.5% Aggregate  

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GB98 – GS20 – GS8
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### Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Rate Type: Interstate  , In-State  , Monopolistic  

Insurance Carrier:

Talbot

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What is your firm's North American Industrial Classification System (NAICS) code?

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☒ Woman owned      ☒ Small Business    ☒ Small Disadvantaged    ☐ 8(a)      ☐ Large      ☐ Veteran

☐ Disabled Veteran      ☐ HUBZone

Present number of employees

☒ 1-20      ☐ 21-40      ☐ 41- 60      ☐ 61 – 100      ☐ Over 100